

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000127732

1. Corporation Name

DAA SERVICES, INC.

2. Principal Office Address - No P.O. Box #

2202 N. WEST SHORE BLVD

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33607

Country

US

3. Mailing Office Address

2202 N. WEST SHORE BLVD

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33607

Country

US

**7. Name and Address of Current Registered Agent**

Name

MARY BURKAT DUKES

Street Address (P.O. Box Number is Not Acceptable)

2202 N. WEST SHORE BLVD

Suite, Apt. #, Etc.

SUITE 200

City

TAMPA

State

FL

Zip Code

33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Mary Burkatt Dukes*  
REGISTERED AGENT MUST SIGN

Date 9/12/2008

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	MARY BURKAT DUKES	2202 N. WEST SHORE BLVD	TAMPA, FL 33607
CFO	TINA ALI	2202 N. WEST SHORE BLVD	TAMPA, FL 33607

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Mary Burkatt Dukes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2008

Date

Daytime Phone #

**FILED**

08 SEP 12 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500135969815

09/16/08--01021--014 \*\*600.00

**REINSTATEMENT**

CR2E081 (12/07)

0508

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.